Application for License to Operate a Long-term Care Facility

For Office Use Only Received 12.9.09 Amount \$1830

Ch# 61435

I.	IDENTIFICATION					
	Name _	LaRue County Geriatrics Center Inc.dba Sunrise Manor				
	Address _	80 Phillips Lane	RECO			
	City/County/Zip _	Hodgenville, KY 42748	OFFICE OF 200			
	Telephone number 270/358-3103 sunrisemanor@windstream.net					
	Administrator	Daphne Loyall tion began at current address 1967				
	Date facility operation began at current address					
	Date facility began operation under current owner1967					
II.	TYPE BEDS	No. beds licensed	No. beds requested			
	Skilled					
	Nursing Home		•			
	Nursing Facility	_122	122			
	Intermediate Care					
	ICF/MR					
	Personal Care		4			
II. [′]	CONTROL (che	eck one in each column)				
	State County X City Private	Profit Nonprofit X	Individual Partnership Corporation X			
II.	OWNERSHIP					
	Name and address partners. N/A	s of individual owner, partners or corporation. I	f partnership, list			

Name of corporation	LaRue County Geriatr	cs Center Inc.				
Address of corporation	80 Phillips Lane Hod	genville, KY 42748				
President or Chairman	Rondal Wright	A STATE OF THE STA				
Vice President	David Ragland		AMASHE S			
Secretary	Linda Carter					
Treasurer	Linda Carter					
Attach a separate sheet a twenty-five (25) perce			person having at least			
	If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. If owned by a partnership, attach a separate sheet listing the names and addresses of each partner. Name and address of parent corporation and/or management company, if applicable.					
Name and address of p						
Parent		Management	Company			
		enger y - 14 Maria				
I understand that any change it to the Office of Inspector General that this facility and all aspects surveillance by all state agent completing this application is falsification of this application of Signature of authorized representation and fee to:	eral and a new applicate of its operation shows a cylicensure personrest accurate to the best an result in denial or entative Office of 275 East	ation will be complet all be open at all t all. I certify that the est of my knowled	red at that time. I agree times to inspection and the information given in the ge and recognize that the lare. Date			
	1 3 FW-25	rendular place (Control of Control of Contro	OIG 5			

If facility owned or leased by a corporation, complete the following:

OIG 5 (10/2002)